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To: AHS - DVHA EHRIP <AHS.DVHAEHRIP@vermont.gov>

Subject: VT Medicaid PIP/EHRIP 10/22/18 Update

To All Vermont Medicaid EHR Incentive Program participants:

PIP/EHRIP

The Medicaid Electronic Health Record Incentive Program is now called the *Promoting Interoperability Program*. You will see our guidance and website refer to "PIP/EHRIP" information, while CMS guidance, tip sheets, and screens in MAPIR may still reflect "EHRIP" terminology, but be aware that updates to the Promoting Interoperability Program references will be ongoing.

PY2017 PAYMENTS NEARING COMPLETION

The Vermont Medicaid PIP/EHRIP Team has completed reviews on all Program Year 2017 attestations, and almost all applications have achieved their final disposition. A report on cumulative payment totals is available at our website: https://healthdata.vermont.gov/ehrip/Reports

PY2018 HIGHLIGHTS

MAPIR will be ready to accept applications for Program Year 2018 on January 2, 2019. A full year of Clinical Quality Measure reporting is required, unless a provider is applying for *Payment Year 2* and is attesting to Meaningful Use for the first time. This is possible for providers who have skipped one or more years of PIP/EHRIP participation since receiving their initial Year 1 incentive payment. For Program Year 2018, you still have the option to report on Modified Stage 2 or Stage 3 Objectives. You are also able to use either a 2014 or 2015 Certified EHR System. Starting in Program Year 2019, you will be required to be using a 2015 Certified EHR System AND you can only report on Stage 3 Objectives. To help program participants keep track of these requirements, schedule a consultation with the PIP/EHRIP Team. We can step through the unique details of your organization and maximize the list of eligible professionals who are qualified to continue receiving payments through 2021: Contact us at ahs.dvhaEHRIP@vermont.gov

PY2018 SPEC SHEETS UPDATES AVAILABLE

CMS updated the 2018 Medicaid Promoting Interoperability Program specification sheets. The only change that is apparent is the program name in the title of the documents. You can find them on the CMS 2018 Program Requirements for Medicaid page.

REQUIRED DOCUMENTATION FOR PY2018 PIP/EHRIP APPLICATIONS

See the Program Year 2018 guidance, tools and documentation aids at our website:

https://healthdata.vermont.gov/ehrip/2018

REQUIRED:

- Group Definition: For each provider attesting with Group Patient Volume, you must upload the GROUP
 DEFINITION. This is the set of billing NPIs defining the group, and a complete list of individual provider names
 and their NPIs for all attending or rendering providers associated with the group, regardless of whether they are
 Eligible Professionals attesting for an incentive payment.
- Meaningful Use Report: A copy of the MU report from your EHR system, showing the Objectives and Measures
 with their thresholds;
- CQM Report: A copy of the Clinical Quality Measure report from the EHR system;
- Security Risk Assessment: A copy of the Security Risk Assessment to support MU Objective 1 Protect Electronic Health Information; AND
- Active Engagement for Public Health Objectives;
- Exclusions from Public Health Objectives.

RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of an audit. It is recommended that you upload them at the time of attestation.

- The Patient Volume Data Tool, available at our website: https://healthdata.vermont.gov/ehrip/PatientVolume/Datatool
- The Public Health Objective Documentation Aids, available at our website: http://healthdata.vermont.gov/ehrip/2018/PH
- Any other supplemental documentation supporting your patient encounters, attestation, validation of certified EHR or information to support your Meaningful Use attestation. More information at: https://healthdata.vermont.gov/ehrip/Audits

THE MEDICAID PIP/EHR INCENTIVE PROGRAM ENDS IN 2021

We are still working out the logistics of the Promoting Interoperability/EHR Incentive Program operations that will be impacted by federal regulation requiring that no incentive payments be made after December 31, 2021. The ability to extend flexibility regarding the application process will be extremely limited for Program Year 2021. It is likely that providers will need to select a 90-day EHR/MU Reporting Period much earlier in the calendar year for 2021. It is also recommended that the Security Risk Analysis be conducted or reviewed early in the calendar years for 2020 and 2021. Details regarding CQM reporting have yet to be finalized. We will keep our program participants apprised as CMS releases more guidance for the remaining Program Years.

PROVIDERS CONCLUDING THE VERMONT MEDICAID EHRIP: WHAT'S NEXT?

Congratulations to all those providers who have completed the six years of their eligibility with the Medicaid Promoting Interoperability/EHR Incentive Program. Providers finishing their incentive payments for meeting Meaningful Use in the PIP/EHRIP, please keep in mind that other quality programs still exist. If providers also see Medicare patients, the Meritbased Incentive Payment System has replaced Medicare reporting for the Medicare EHR program, Physician Quality Reporting System and the Value-Based Payment Modifier. The Quality Payment Program is part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and includes two tracks — Advanced Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS). If you have questions or need assistance with determining eligibility or requirements, visit the Quality Payment Program to find out if providers should participate in MIPS at https://app.cms.gov.

Program Year 2017 application is nearly complete. MAPIR has been upgraded to accommodate Program Year 2018 applications, and submission will begin on January 2, 2019.

Don't hesitate to contact the Vermont Medicaid Promoting Interoperability/EHR Incentive Program Team with any questions, and be sure to check out the <u>Vermont Medicaid PIP/EHRIP website</u> for important information about the program.

Thank you, Lorraine

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